

Tintwistle Rural District
Council.


ANNUAL REPORT

OF THE

Medical Officer of Health,



FOR THE YEAR 1903



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MEDICAL OFFICER OF HEALTH

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TO THE CHAIRMAN AND GENTLEMEN OF THE
TINTWISTLE RURAL DISTRICT COUNCIL.

January, 1904.

GENTLEMEN,

I beg to submit to you my Report of the sanitary condition of your District during the year 1903, with statistics of sickness and mortality on Tables 1, 3, and 4.

Population at Census, 1901	2,095
Do. estimated middle 1903	2,050
Area in Acres	16,175
Birth-rate per 1,000 living	22.9
Death-rate per 1,000 living	13.6
Zymotic death-rate	nil.
Death-rate of children under 1 year per 1,000 registered births	127

The population of this village has slightly decreased since the Census of 1901, due to the removal of families into other districts owing to want of employment. The numerous stoppages

and short time during the latter part of this year, caused by the cotton corner which is still going on, to a lesser extent, has caused much poverty and distress in the District. The number of births registered during the same period was 29. The birth-rate is 1.2 below the mean birth-rate for the previous ten years, 1893 to 1902, and the death-rate 2.1 below the mean death-rate for the same ten years. Among the total deaths from one year upwards are 1 from Cancer, 1 Pneumonia, 2 Bronchitis, 3 Heart Disease, and 1 Cirrhoses of Liver, 1 registered as due to Alcoholism.

INFANT MORTALITY.—Six of the total number of deaths were infants under one year of age equal to a death-rate of 2.9 per 1,000 living, and 127 per 1,000 births registered.

The causes of death of infants were, Diarrhoea 1, Convulsions 1, Bronchitis 1, Tubercular Disease 2, Congenital Debility 1. No deaths were ascribed to any of the principal Zymotic diseases

INFECTIOUS DISEASES NOTIFIED.—There were 14 cases, viz.:—6 Small-pox, 3 Scarlet Fever, 3 Enteric Fever, and 2 Erysipelas.

The Small-pox cases were a continuation of the outbreak which began in the latter part of November of the previous year, and originated among some workmen employed at the Etherow Bleach Works, Hollingworth. These men belonged to infected towns, and brought the disease into the district on their return to work after spending the end of the week in these places, particulars of which appeared in Annual Report 1902.

The first case was notified on January 2nd, and the last on February 2nd. Owing to want of accommodation at Glossop Isolation Hospital, where some of the earlier cases of the previous year had been taken, none of these cases could be removed, and had to be isolated in their own homes.

The first case (January 2nd), had been in contact with a fellow workman in Hollingworth, whose son (unvaccinated), was lying in the house for several days with Small-pox, the disease being mistaken by the parents for Chicken-pox. This man infected his next door neighbour's wife (a relation) and she in turn infected her husband, which was the only instance in which two cases occurred in the same house. The husband had been re-vaccinated the previous week, but had evidently contracted the disease previously, but as an instance of the practical value of vaccination, his case was so modified as not to disable him from continuing the nursing of his wife.

A few days after the first of the three cases in the two houses already mentioned, another case was notified in Church Street. This was a boy (unvaccinated) who had made friends with some boys in the next house belonging to a family who had removed there from the house in which their mother was ill with Small-pox, and was no doubt infected by being in contact with them. As I subsequently ascertained that after their removal from the infected house these boys had been allowed to enter it to see their mother. On the 28th, and February 2nd, two other cases occurred in the same locality, and presumably were infected by the former ones, although there was no evidence of direct contact obtainable. The public vaccinator was immediately informed, and all persons in the infected houses over 10 years of age were re-vaccinated, except the family where the first case occurred, this person being an anti-vaccinator, strongly objected to allow his wife or children to be vaccinated, although he was suffering from Small-pox at the time. The families, after changing their clothes were then removed into other houses and quarantined for a fortnight, one of the family only being retained for nursing purposes in the infected house. The latter step was taken as it was considered to prove more effectual in stamping out the disease than placing them under observation only. Disinfectants were supplied gratuitously during the illness, and after recovery the infected houses and clothes were thoroughly disinfected, ashpits emptied, and the drains flushed and disinfected. Bills were placed in conspicuous places in the District advising immediate vaccination of children and re-vaccination of all persons over 10 years. Smaller ones were distributed in the houses advising all persons to avoid visiting or receiving visitors from towns known to be infected, containing also an extract from the Public Health Act, as to the penalty for wilful exposure of persons, clothing, etc.

SCARLET FEVER.—Three isolated cases of a mild character were reported during the year, one in June, one in September, one in October, all of which were widely separated and in only one of the three could the origin be traced.

ENTERIC FEVER.—One case of this disease occurred in Church Street in March, and two in Manchester Road in April and May. No insanitary conditions or other cause found in Church Street. The other two in Manchester Road were in the same house and caused by a defective sewer. Proper sewers to this property have since been laid, and the cesspool into which the former old rubble drain emptied has been closed.

ERYSIPELAS.—Two mild cases of no importance, one of which was in Tintwistle and the other at Crowden.

WHOOPIING COUGH.—Several cases of this disease occurred in Crowden in October.

An Isolation Hospital has been erected by the Mottram, Hollingworth, and Tintwistle Councils for their Districts, and was ready for the reception of patients in October. An Ambulance has also been provided, and a Nurse appointed.

ACTION TAKEN TO PREVENT THE SPREAD OF INFECTIONS DISEASES.—Isolation is carried out as far as possible, and the parents of children suffering from infectious diseases are instructed to keep all other members of the family from attending school, and other people's children from entering the infected house until the Medical Attendant informs them that all risk of infection is over. Printed instructions to this effect are also sent to the parents immediately after receipt of notification. Information is also given to the schoolmaster. The premises are examined for insanitary conditions. Disinfectants are also supplied gratuitously during the illness, and the clothes and bedding disinfected.

WATER SUPPLY.—The Water Supply is of good quality, and plentiful.

MILK SHOPS.—There are no Milk Shops, the supply being obtained from the surrounding farms.

DAIRIES, COWSHEDS, &c.—These have been visited, and generally found clean and in good order. In several instances defective drains have been remedied, and cesspools closed.

NOXIOUS TRADES, COMMON LODGING-HOUSES.—None in the District.

WORKSHOPS AND BAKEHOUSES.—There are very few in the District, they have been inspected and found clean and well ventilated.

INSPECTION.—Periodical inspections of the District have been made by myself and Sanitary Inspector.

ABATEMENT OF NUISANCES.—The Sanitary Inspector reports the construction of several new closets, improvements in others, some of which have been converted into Pail Closets. The re-construction of defective drains on various properties, and attended to the emptying of ashpits, and several minor nuisances.

I am, Gentlemen, your obedient servant,

W. E. S. BURNETT, M.O.H.

TINTWISTLE RURAL SANITARY AUTHORITY.

GENERAL PRECAUTIONS

To be Observed to Prevent the Spread of Infectious Diseases in all Cases, whether Mild or Severe.

1. Remove from the room all curtains, carpets, and clothes from cupboards and drawers before the patient enters it.
2. The Person affected should be confined in a room to which no one is admitted except the attendant, the door kept closed, and the outside of the doorway covered with a sheet kept constantly wet with disinfectants.
3. In place of using pocket handkerchiefs, use small pieces of rag for wiping the mouth and nose, so that after once being used they can be burned.
4. No waste food or milk that has been in the infected room should be eaten or drunk by any other person, but at once burned, and all milk and water used in the infected house for drinking purposes should be boiled.
5. A fire should always be kept in the sick room, and the discharges from the bowels and kidneys should be received into vessels with a layer of sawdust at the bottom, covered with disinfecting powder, and the evacuation covered with another layer of disinfectant and sawdust, and burned in the room.
6. Cups and other vessels used about the patient should be placed in some disinfectant, and then washed in hot water, and the water in which they are washed disinfected before thrown away.
7. The Window of the Sick Room should be open as much as possible, taking care to avoid draught.
8. A large glazed vessel, containing Carbolic Acid and Water (about 2ozs. to the gallon) should always stand in the room to receive the body or bed linen when it is about to be changed. And it should be allowed to remain in it for at least an hour. It should then be boiled, and kept boiling for a quarter of an hour, and frequently stirred with a stick, so that every part shall be brought into contact with the boiling water, then thoroughly washed and hung out in the air for a few days.
9. The Slopstone Pipes should be kept clean, and disinfectants freely poured down them, and the drains flushed and kept free and clean; the Midden emptied, and all refuse on the premises removed.
10. No children or adults should go from an infected house to any Place of Worship, School, or Public Assembly. Nor should any one be allowed to enter the infected house until the medical attendant certifies that all danger of infecting others is over, and the house and clothes thoroughly disinfected and cleaned.

SCARLET FEVER.

1. No children or persons having had Scarlet Fever should return to school or business for 8 weeks from the commencement of the illness, unless the Medical Attendant certifies the infection to be over at an earlier date.
2. All children in the infected house should be kept from school, and from playing or mixing with other children, and before returning to school should have clean clothes, that have previously been disinfected and washed.

ENTERIC (TYPHOID) FEVER.

The principal source of Infection in this Disease is in the evacuations from the bowels and the urine. The evacuations and the vessels used to receive them should be strictly treated according to Rules 5 and 6, and waste food and milk as per Rule 4, General Regulations.

DIPHTHERIA.

This Disease is very liable to be spread by the breath, and care should always be taken to avoid kissing or bending over the patient, so as to inhale the breath. The precautions necessary as regards school attendance are those mentioned under the head of Scarlet Fever.

SMALL-POX.

The patient, if not at once removed to a Hospital, should be isolated, and all persons living in the same and adjoining houses over 10 years of age re-vaccinated, unless protected by previous attack of small-pox, or having been re-vaccinated within 10 years.

The exposure of infectious persons or clothing in public is punishable under the "Public Health Act," and a fine, not exceeding **Five Pounds**, may be imposed for such exposure.

W. E. S. BURNETT,

Medical Officer of Health.

